NATIONAL INSTITUTES OF HEALTH
WARREN GRANT MAGNUSON CLINICAL CENTER
NURSING DEPARTMENT

Standard of Practice: Care of the Patient Receiving Intravenous Gamma Globulin (IVIG)

Background Information:

- IVIG is not compatible with any other drug and will be infused through a separate primary line.
- It is recommended that IVIG not be administered for two hours post blood product administration**.**
- IVIG infusion rates will be specified in the medical order. See pharmacy web site for IVIG Administration Recommendations to verify infusion rate http://internal.cc.nih.gov/formulary
- When pharmacy sends the medication, do not shake IV bag.
- Use a 5 -15 micron filter for all IVIG products requiring filtration. Filter will be provided by pharmacy, if needed.

I. ASSESSMENT

A. Prior to IVIG administration:

1. Assess prior IVIG use and reaction
2. Assess history of live virus vaccinations and report any to physician
3. Assess that emergency medications such as epinephrine, hydrocortisone, and diphenhydramine are readily available in the area where the patient will receive IVIG.

B. During IVIG administration:

1. Vital sign assessment for first-time IVIG infusion or, if interval between IVIG administration is > 8 weeks, monitor vital signs at baseline and every 15 minutes after each dose escalation. After the last dose escalation, monitor vital signs every 15 minutes X2, every 30 minutes X2, end of infusion, and prn.
2. Vital sign assessment for other than first-time administration (interval between IVIG administration is < 8 weeks) is baseline, end of infusion and prn.
3. Assess for signs and symptoms of adverse reactions

II. INTERVENTIONS

A. Prior to IVIG administration

1. Obtain and record baseline vitals signs
2. Place emergency equipment in patient's room:
   a. Normal saline flush solution

b. Oxygen
c. Suction machine
d. Vital sign monitor

3. Administer any pre-medication 30 minutes prior to IVIG infusion start
4. Provide family and patient education specific to the IVIG infusion
   a. Purpose of IVIG administration
   b. Signs and symptoms of adverse reaction to IVIG
   c. Restriction to the unit until IVIG infusion completed.

B. **During IVIG administration**

1. If patient experiences the following, decrease IVIG administration rate by ½ (50%), and notify the prescriber:
   a. fever (greater than 1 degree increase in temperature) or chills
   b. nausea or vomiting
   c. joint, muscle, or back pain,
   d. palpitations or dizziness
   e. diaphoresis or sweating
   f. itching, rash
   g. headache
   h. flushing
2. If patient experiences the following stop the IVIG infusion, maintain **IV** patency with D5W or normal saline and notify the prescriber
   a. Drop of B/P $\geq$ 20 % of baseline
   b. Shortness of breath, dyspnea
   c. chest tightness
   d. wheezing, sneezing, or hives

III. **DOCUMENTATION**

A. Documentation as per PRO: Medication Administration
B. Document IVIG brand and lot number in MIS

IV. **References:**

A. American Society of Health-System Pharmacists, Inc. (**2002**). AHFS Drug Information, **2002**. Bethesda, Maryland.
B. American College of Immunology Fact Sheet (1998). Efficacy and safety of immunotherapy.
C. 1998 USPDI Drug Information for the Health Care Professional.

D. Camp-Sorrell, D. and Wajcik, D. (1994). Intravenous immunoglobulin administration: an evaluation of vital sign monitoring. Oncology Nursing Forum, 21(3) 531-535.
E. Cochrane, S. (1997). Care of patients undergoing immunoglobulin therapy. Nursing Standard, 11(41): 44-46.
F. Meaux, J.B. (1996). Intravenous immunoglobulin: what nurses need to know. The Journal of Prenatal and Neonatal Nursing, 9(4): 63-69.

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Formulated: 6/95
Implemented: 10/95
Reviewed/Revised: 2/99, minor revision 6/20/2000, 11/02